Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

13557

Application ID:

Title of Invention:

09683541

SYTEMS AND METHODS OF

AUTOMATING JOB TICKETING IN

PRINTING, COPYING OR IMAGING

DEVICES

First Named Inventor:

Richard DIMPERIO

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-01-16

Submission Type:

Utility Patent Filing

Filing Type:

Eug.

new-utility

Confirmation Number:

0

Attorney Docket Number:

109469

cn=Thomas J. Pardini, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

1nurrx8B8Y1U4cFrhTCw4Q==

Total Fees Authorized:

\$780.0

Payment Category:

DA – Deposit Account

Deposit Account Number:

240037

Deposit Account Name:

Thomas J. Pardini

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent

Attorney Docket

Number:

Filing

SYTEMS AND METHODS OF **AUTOMATING JOB TICKETING IN** PRINTING, COPYING OR IMAGING **DEVICES**

First Named Inventor: Richard DIMPERIO

SUBMITTED BY

Name:

Mr. Thomas J. Pardini

Registration Number:

30411

Electronic Signature Mark: /Thomas

J. Pardini/

Date Signed: 20020116

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

dec1.tif

Page 1 of 6

APP ID=09683541

declaration

declaration

fee-transmittal

specification

bibd-transmittal

patent-assignments

dec2.tif

dec3.tif

xx109469fee.xml

109469ob.xml

xx109469apds.xml

xx109469asgn.xml

Attached Image File(s):

dec1.tif

dec2.tif

dec3.tif

Comments:

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYST	EMS AND METHO	DS OF AUTOMATING	3 JOB TICKETING IN	PRINTING, C	OPYING OR IMAG	SING DEVICES
Check	*a. att b. fil I hereby state tha	tached hereto.	oplication Nonderstand the contents	and amende of the above-ide	d on(if a	applicable). , including the claims,
applic	7, Code of Federal I	ne duty to disclose to the Regulations, §1.56. Und ed States provisional app e hereby claimed:	der Title 35, U.S. Code	§119, the priori	ity benefits of the fol	llowing foreign
	i States of America	opplication(s) for patent of either (a) more than one n(s) and/or United States	year prior to this appli	cation, or (b) be	n were filed in count fore the filing date o	tries foreign to the of the above-named
applic		the following as my atte		ull power of sub	ostitution and revoca	tion to prosecute this
	Joel S. A Ric Don L Euger CORRESPONDE	o A. Costantino, Regist rmstrong, Registration chard E. Rice, Registra L. Webber, Registration ne O. Palazzo, Registra and/or Rick NCE IN CONNECTIO BOX 19928, ALEXAN	n No. 36,430; Christop ntion No. 31,560; Mar n No. 34,275; Ronald ation No. 20,881; Kevi hard B. Domingo, Re DN WITH THIS APP	oher W. Brown k Costello, Reg F. Chapuran, I n R. Kepner, F gistration No. 3	n, Registration No. 3 distration No. 31,342 Registration No. 26 Registration No. 32, 36,784.	38,025; 2; ,402; 145; FO OLIFF &
of my staten	I hereby declare own knowledge are nents were made wit sonment, or both, ur	that I have reviewed an e true and that all statem th the knowledge that winder Section 1001 of Tit the application or any p	d understand the conte ents made on informat illful false statements a tle 18 of the United Sta	nts of this Deck ion and belief and and the like so m	aration, and that all s re believed to be true nade are punishable b	tatements made herein ; and further that these by fine or
1	Typewritten Ful of First or Sole		Richard	_	R.	DIMPERIO
2	•	S SIGNATURE:	Given Name	d X	Middle Initial	Family Name
3	**DATE OF SI	_	Noves	niber	16	2001
-	Residence:	Rochest	Month	NY	Day	Year U.S.A.
		City	SOI	State or Prov	rince	Country
	Citizenship:	U.S.A. Post Office Address:				

141 Cypress St.

(Insert complete

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

•	t Inventor (if any)	/ Thomas	W.	BUSMIRE	
			Middle Initial		
		Given Name	Family Name		
**INVENTOR	'S SIGNATURE:	- Homes W. S.			
		\l	:(7001	
**DATE OF SIGNATURE:			Day	Year	
	Victor		-	U.S.A.	
Residence:					
	·	State of Province		Country	
Citizenship:					
		604 O (D 1- A			
	` *	604 Great Brook Aparun	ents	w	
		Victor, NY 14564			
Typewritten Fu					
		Ann	M.	DAVIDSON	
•,	(yy)	Given Name	Middle Initial	Family Name	
**!NN/ENT/	O'C SICNATIDE.	Jam M Mindre			
		MIN	A 1	2001	
**DATE OF S	SIGNATURE:			<u>2001</u>	
			•	Year	
Residence:			·	U.S.A.	
	City	State or Province		Country	
Citizenship:	U.S.A.				
•	Post Office Address:				
		3281 West Lake Road	····		
		Canandaiana NIV 1440	4		
70		Canandargua, N 1 1442	4		
		Allan	ī	DREW	
oj rourai som	u mremor (y uny)			Family Name	
*****	DIG CLONIA MINE.			•	
**INVENTO	K'S SIGNATURE: _			+	
**DATE OF S	SIGNATURE:				
		Month	Day	Year U.S.A.	
Residence: Walworth City		N			
		State or 1	Country		
Citizenship:	U.S.A.				
	Post Office Address:				
(Insert complete		3869 Ontario Center Rd			
	mailing address,	****			
		Walworth, NY 14568			
of Fifth Joint li	nventor (if any)	Civan Nama	Middle Initial	Family Name	
		Olych Name	ivildate lititat	, anny i ann	
**INVENTOR	r'S SIGNATURE:				
**DATE OF S	IGNATURE:				
	_	Month	Day	Year	
Residence:					
Residence:	City	State	or Province	Country	
Residence: Citizenship:	City	State	or Province	Country	
	Residence: Citizenship: Typewritten Fu of Third Joint **INVENTOR **DATE OF S Residence: Citizenship: Typewritten Fu of Fourth Joint **INVENTOR **DATE OF S Residence: Citizenship:	Residence: Victor City Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Third Joint Inventor (if any) **INVENTOR'S SIGNATURE: **DATE OF SIGNATURE: City Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Fourth Joint Inventor (if any) **INVENTOR'S SIGNATURE: **DATE OF SIGNATURE: **DATE OF SIGNATURE: City Citizenship: U.S.A. Post Office Address: (Insert complete mailing address)	Residence: Victor NY City State or P Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Third Joint Inventor (if any) **INVENTOR'S SIGNATURE: **DATE OF SIGNATURE: City State or Month Residence: Canandaigua N' Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Fourth Joint Inventor (if any) Ann Civen Name **INVENTOR'S SIGNATURE: **DATE OF SIGNATURE: **DATE	Residence: Victor NY City State or Province Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Third Joint Inventor (if any) **INVENTOR'S SIGNATURE: Victor, NY 14564 **PATE OF SIGNATURE: Month Day Residence: Canandaigua NY City State or Province Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Fourth Joint Inventor (if any) Residence: Wallworth City State or Province Canandaigua, NY 14424 Canandaigua, NY 14424 Month Day Residence: Mallan J. Given Name Middle Initial **INVENTOR'S SIGNATURE: Month Day Residence: Wallworth City State or Province Canandaigua, NY 14424 Can	

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	Typewritten Fu		and .	317	DITOMBE	
6	of Second Join	t Inventor (if any)	Thomas Given Name	W. Middle Initial	BUSMIRE Family Name	
; *	**********	r'S SIGNATURE:			•	
•	**DATE OF S	IGNATURE:	Month	Day	Year	
n	Residence:	Victor	NY	•	U.S.A.	
N	(esidence:	City	State or Pr		Country	
(Citizenship:	U.S.A.			•	
•	mizensinp.	Post Office Address:				
		(Insert complete	604 Great Brook Apartme	ents		
		mailing address,	Victor NV 14564			
	Typewritten Fi	including country)	Victor, NY 14564			
	* -	in Name Inventor (if any)	Ann	M.	DAVIDSON	
•	<i>y</i>		Given Name	Middle Initial	Family Name	
	**INVENTO	R'S SIGNATURE:				
		SIGNATURE:				
•	DAIL OF	MATURE.	Month	Day	Year	
ı	Residence:	Canandaigua	N	r r	U.S.A.	
•	residence.	City	State or P	State or Province		
(Citizenship:	U.S.A.				
	-	Post Office Address:				
		(Insert complete	3281 West Lake Road			
		mailing address, including country)	Canandaigua, NY 14424	1		
	Typewritten F	=				
		nt Inventor (if any)	Allan	J.	DREW	
			Given Name	Middle Initial	Family Name	
2	**INVENTO	R'S SIGNATURE:	alla 9)rev		
3	**DATE OF	SIGNATURE:	Nov	29	Zad	
			Month	Day	Year U.S.A.	
:	Residence:	Walworth		NY		
	City		State or F	Country		
1	Citizenship:	U.S.A.				
	Post Office Address: (Insert complete		3869 Ontario Center Rd.			
		mailing address,	Jour Omario Centel Ru.			
		including country)	Walworth, NY 14568			
	Typewritten Fu					
4	of Fifth Joint I	nventor (if any)	Cirron Nama	Middle Initial	Family Name	
			Given Name	whole musi	raining maine	
2 '	**INVENTO	R'S SIGNATURE:		· · · · · · · · · · · · · · · · · · ·		
3	**DATE OF S	SIGNATURE:				
			Month	Day	Year	
]	Residence:	City	Ctata	or Province	Country	
		City	State	Or 1 10 VIII CC	Country	
•	Citizenship:	Post Office Address:				
		(Insert complete				

FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 780

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

240037

Deposit Account Name:

240037

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge the Issue Fee Set in 37 C.F.R. Section 1.18 at the Mailing of the Notice of Allowance

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Harry Harry Harry

A Charles

The state of the s

Authorized Name:

Thomas J. Pardini

Electronic Signature Mark:

/Thomas J. Pardini/

Date Signed:

20020116

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 740	

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 4	103	\$ 18	0	\$ 0

Page 1 of 2

Independent Claims: 2 102 \$ 84 0 \$ 0

Subtotal For Extra Claims Fees: \$ 0

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40